

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005037

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 67

STATE FILE NUMBER

VS 300
Rev. 4/59

10017

200102

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirksville</u>		c. CITY OR TOWN <u>Novinger</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nursing Home # 1</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
3. NAME OF DECEASED (Type or print) <u>Everett</u>		4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-19-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	
11a. FATHER'S NAME <u>William Perry Snow</u>		11b. MOTHER'S MAIDEN NAME <u>Addie Coghill</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>[redacted]</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Snow, Dec.</u>		15. INFORMANT <u>Mrs. Hester Singleton</u> Address <u>Kansas City, Mo.</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>	
DUE TO (b) <u>Azotemia and Chronic hypoxia</u>		<u>weeks</u>	
DUE TO (c) <u>Diffuse Bronchopneumonia & Renal Insufficiency</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bedfastness due to fractured left femur (distal portion)</u> <u>Pulmonary Emphysema and Fibrosis, Acute Kyphoscoliosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-26-63</u> to <u>2-17-63</u> and last saw him alive on <u>2-17-63</u> Death occurred at <u>3:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Irvin Pretsky, D.O.</u>		22b. ADDRESS <u>800 W. Jefferson</u>	
22c. DATE SIGNED <u>2-18-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shibley's Point</u>	
23d. LOCATION (City, town, or county) <u>Adair County, Mo.</u>		(State)	
24. FUNERAL HOME OR ADDRESS <u>Dee Rney Funeral Home, Inc.</u> <u>415 North Franklin</u> <u>Kirksville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 20, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued Feb 20, 1963

IRVIN PRETSKY, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Riponville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.